

PTSD Fact Sheet

Understanding Posttraumatic Stress Disorder (PTSD)

- As of March 2014, there were 34,657 incident cases of PTSD in the US military for people who had not previously deployed. Among people who had been deployed, there were 121,014 incident cases of PTSD. An incident case of PTSD is defined as either two outpatient encounters on different days with an ICD-9 diagnostic code of 309.81 or one inpatient encounter with ICD-9 diagnostic code. Deployment is defined as an overseas contingency operation greater than 30 days.
- During 2000 – 2011, 936,283 active component service members were diagnosed with at least one mental disorder; approximately 6 percent of all incident mental disorder diagnoses were attributable to PTSD.
- PTSD can occur after someone experiences or sees a traumatic event such as combat, a terrorist attack, sexual or physical assault, a serious accident, a natural disaster or childhood sexual or physical abuse.
- PTSD is a clinically significant condition with symptoms continuing more than one month after exposure to a trauma that has caused significant distress or impairment in social, occupational or other important areas of functioning.
- Although rare, PTSD can have a delayed onset with a symptoms appearing at least six months after exposure to trauma.
- The symptoms of PTSD can be grouped into three main categories: reliving or re-experiencing (including nightmares); avoidance (of people or places reminiscent of the trauma) or numbing; and hyperarousal (such as insomnia, irritability).
- Symptoms are a normal response to a stressful event – many people experience post-traumatic stress symptoms. Diagnosis of the disorder is different. If symptoms continue for more than one month after a trauma and worsen, cause significant distress or interfere with daily functioning at home and work, then an evaluation by a medical provider is needed to determine if a diagnosis of PTSD is appropriate.
- The Defense Department is aggressively pursuing screening, treatment, recovery, prevention programs and services to improve outcomes for service members who are living with PTSD.
- The vast majority of people who experience or are exposed to traumatic events will have an immediate reaction and may experience some initial challenges, but they will recover quickly and have no long-term effects.
- A smaller percentage of people may continue to struggle with symptoms. If those symptoms affect their daily functioning, it is important to seek the help of a medical professional.

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- The incidence rate for active duty personnel is 0.6 percent¹. That number may be artificially low due to stigma and other barriers that prevent some service members from seeking help. Higher rates of PTSD have been cited, but those accounts are often referring to positive answers to screening questions on the health assessment questionnaires. Positive answers to screening questions indicate that symptoms are present that need to be evaluated by medical personnel. Those symptoms may be due to PTSD, or they could indicate other health issues. A diagnosis of PTSD can only be provided by a qualified health care provider after a comprehensive evaluation.
- A service member who has sustained a TBI is at greater risk for PTSD and depression. Although these conditions can be associated with TBI, there may not be a direct cause and effect between the TBI and PTSD. The associated PTSD may be caused by the psychological impact of the same incident that caused the TBI, for example: car crash, fall, blast exposure or blunt trauma to the head.

Screening and Diagnosis

- Early detection allows for early intervention. Early treatment maximizes the chances for recovery.
- DoD implements a variety of mental health screening initiatives aimed at both primary and secondary prevention efforts. The Pre-Deployment Health Assessment and the Post Deployment Health Assessment/Reassessment processes include screening for major mental illnesses. The patient-centered medical home (PCMH) initiative also includes mandatory annual screening for depression and PTSD for all beneficiaries of the Military Health System, to include active duty, retirees and family members.
- The clinical tools used for screening purposes have been empirically validated and have been shown to be reliable for both screening and outcome monitoring.
- Individuals experiencing post-traumatic stress symptoms are screened for PTSD using a validated tool. A positive screen on a provider or self-report measure suggests PTSD but does not constitute a definitive diagnosis.
- There is not an objective medical test that can definitively diagnose PTSD – like a blood test or x-ray. A patient receives a diagnosis of PTSD from a qualified health care provider after a thorough mental health assessment.
- Individuals who are positive for PTSD on the initial screening receive a thorough assessment of their symptoms that includes details such as time of onset, frequency, course, severity, level of distress and functional impairment to guide accurate diagnosis and appropriate decision-making by a health care provider.
- Diagnosis can be accomplished in a single session or it may be delayed due to several factors - appointment duration, complicated co-occurring conditions that require more careful evaluation or duration of symptoms after exposure to trauma.

¹ Rate of incident diagnoses for PTSD = 607.5 per 100,000, US Armed Forces, 2000 – 2011; Data from “Mental Disorders and Mental Health Problems, Active Component, U.S. Armed Forces, 2000-2011.” *Monthly Surveillance Medical Report*, Armed Forces Health Surveillance Center, Vol. 19, No 6, p. 14

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Treatment

- There are many, scientifically proven treatments for PTSD. Therapies may be broadly divided into three categories:
 - evidence-based psychotherapies or counseling (e.g., trauma-focused therapies that includes components of exposure and/or cognitive restructuring or stress inoculation training)
 - evidence-based use of medication (particularly selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs))
 - supplemental treatment methods (mindfulness, yoga, acupuncture, massage, and others) social support, spiritual support
- The time it takes to treat PTSD is highly variable and dependent on many factors. Treatment generally ranges from four to 15 sessions but for some it may take longer.
- The duration of treatment is contingent on progress, which is gauged by reduction of symptoms, decrease in symptom intensity, or based on the agreed upon goals established by the provider and patient.
- Treatment duration can be impacted by the presence of co-occurring conditions -- such as TBI, depression, chronic pain and substance use disorders -- which are common with PTSD.
- Continuity of mental health care for service members is provided by the inTransition program, a mental health coaching and support program that assists service members receiving mental health services with their transition between health care systems or providers, and offers a bridge of support to service members relocating to another assignment, returning from deployment or transitioning from active-duty to reserve, reserve to active-duty, or returning to civilian life. The program provides resources, voluntary one-on-one coaching and connects patients with a provider in their new location.

Resources

- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury operates a 24/7 Outreach Center to provide information and resources for PTSD and other psychological health concerns, dcoe.mil/24-7help.aspx, 866-966-1020, resources@dcoeoutreach.org
- The [Center for the Study of Traumatic Stress](#) provides information and resources for providers, service members and veterans about PTSD and other reactions to traumatic events.
- The [National Center for Telehealth and Technology](#) offers a variety of mobile [applications](#) that help manage symptoms of combat stress and can serve as accessories to

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treatment under the supervision of a health care provider. The center also manages [Afterdeployment](#), an online wellness resource that provides information, assessments and resources for service members, veterans and families dealing with PTSD and other post-deployment conditions such as depression, anger, sleep problems, substance abuse and stress management.

- [National Intrepid Center of Excellence](#) advances TBI and psychological health treatment, research and education.
- The Department of Veterans Affairs [National Center for PTSD](#) provides PTSD information to providers, veterans and the public.
- Continuity of mental health care is provided by [inTransition](#), a mental health coaching and support program that assists service members receiving mental health services with their transition between health care systems or providers.
- DCoE [Real Warriors](#) program encourages help-seeking and provides information and resources for PTSD and combat stress. The campaign features video profiles of service members and veterans who have experienced PTSD, sought treatment and are experiencing success in their personal and professional lives.
- The Military Crisis Line (1-800-273-8255 and Press 1) provides free, confidential support for service members and veterans in crisis, and their families and friends.